	Subclass	 √	* *		ا ع	PATENT NUMBER
62,	Class Subclass SSUE CLASSIFICATION	FILED	under 35	U.S.C,371	, i	
80 72	Class	-				. 1
	ISSU CI	4.1.C 0.05200	record	A Applicat	,	
6		0.5. 1	_ITY Pater		ATENT DATE	· · · · · · · · · · · · · · · · · · ·
**************************************	4 85	SCHNED	mo and	400 1		· .
				4.4	Ž,	
المام مين المام الم	APPLICATION NO. CONT/PRI	IOR CLASS	SUBCLASS	ART UNII 1614	EXAMINER	GOLLAMUDI
	2 Peter Hespel			1614		, ,
	PION THE PROPERTY OF THE PROPE	BES	TAVA	IT W BT	ECOPY	,
	APPL		.			od musels
	Oral creatine su disuse syndrome	upplementat	sion for '	creating	or preventi	ng mustre
	E		,	04		PTO-20 12/99
			0 01 700		0.0	
	ORIGINAL	ISSUIN	G CLASSI	<u> </u>	FERENCE(S)	
	CLASS SUBCLASS	CLASS	SU		E SUBCLASS PER	BLOCK)
	INTERNATIONAL CLASSIFICATION	ON				
		- N				
					Continued on Issue Slip	Inside File Jacket
	TERMINAL	<u> </u>	DRAWINGS	× ×	<u> </u>	S ALLOWED
or reasonable		Sheets Drwg.	Figs. Drwg.	Print Fig.	Total Claims	Print Claim for O.C
	1 0.	f .	1	1		OWANCE MAILED
	The term of this patent		<u> </u>		NOTICE OF ALL	OUNTED SINGE
	The term of this patent subsequent to(date) has been disclaimed.	. (Assistant I	Examiner)	(Date)	NOTICE OF ALL	
The state of the s	subsequent to(date) has been disclaimed. The term of this patent shall	(Assistant (Examiner)	(Date)	NOTICE OF ALL	
The state of the s	subsequent to (date) has been disclaimed.	(Assistant I	Examiner)	(Date)	ISSI	UE FEE
	subsequent to(date) has been disclaimed. The term of this patent shall not extend beyond the expiration date	(Assistant I	Examiner)	(Date)		
The state of the s	subsequent to(date) has been disclaimed. The term of this patent shall not extend beyond the expiration date	(Assistant i		(Date)	ISSI Amount Due	UE FEE Date Paid
	subsequent to(date) has been disclaimed. The term of this patent shall not extend beyond the expiration date	(Primary E	Examiner)	(Date)	ISSI Amount Due	UE FEE
	subsequent to	(Primary E (Legal Instrume	Examiner) onto Examiner)	(Date)	ISSI Amount Due	UE FEE Date Paid TCH NUMBER
0 0	subsequent to	(Primary E (Legal Instrume	examiner) ents Examiner) disclosure may be p to authorized empic	(Date) (Date) (Date) (Date)	ISSI Amount Due	UE FEE Date Paid TCH NUMBER